

Slate Mailer Organization Campaign Statement

(Government Code Sections 84218-84219)

Type or print in ink.

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

Statement Covers Period

from 01/01/2017

through 12/31/2017

Date Stamp

CALIFORNIA
1992 FORM 401

1/3

FOR OFFICIAL USE ONLY

I Slate Mailer Organization Information

FULL NAME OF SLATE MAILER ORGANIZATION:

DISTRICT 8 PROGRESSIVE DEMOCRATS VOTER GUIDE

ID NUMBER

1399885

ADDRESS NO AND STREET

CITY STATE ZIP CODE PHONE NUMBER

SAN FRANCISCO CA 94114

NAME OF TREASURER:

Albany Aroyan

ADDRESS NO AND STREET

CITY STATE ZIP CODE DAYTIME PHONE NUMBER

San Francisco CA 94114

II Is This A General Purpose Committee?

If this Slate Mailer Organization is also a "general purpose committee" as defined in Government Code Section 82027.5, check box and attach the committee's campaign disclosure report to this statement.

☐

Committee Report
Attached

☐

ID Number if
Recipient Committee

III Summary of Payments

	(A) Total This Period	(B) Cumulative to Date (Since January 1 of calendar year covered)
1 TOTAL PAYMENTS RECEIVED	\$ 0.00 Sch. A, Line 3	\$ 0.00
2 TOTAL PAYMENTS MADE	\$ 0.00 Sch. B, Line 3	\$ 0.00

IV Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 01/31/2018
DATE

At San Francisco
CITY AND STATE

By Albany Aroyan CA
SIGNATURE OF RESPONSIBLE OFFICER

Name of Responsible Officer Albany Aroyan CA
TYPE OR PRINT

Title: Officer (Reponsible)

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE

INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT FOR SLATE MAILER ORGANIZATIONS.

State of California Fair Political Practices Commission

Schedule A Payments Received

SCHEDULE A

Statement covers period from 01/01/2017 through 12/31/2017	CALIFORNIA 1992 FORM 401
	2/3
I.D NUMBER 1399885	

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NAME OF SLATE MAILER ORGANIZATION:

DISTRICT 8 PROGRESSIVE DEMOCRATS VOTER GUIDE

(1)	(2)	(3)		(4)	(5)
DATE RECEIVED	IDENTIFICATION OF PERSONS FROM WHOM \$100 OR MORE HAS BEEN RECEIVED THIS PERIOD (SEE IMPORTANT INSTRUCTIONS ON REVERSE)	(a)	(b)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE AMOUNT RECEIVED SINCE JANUARY 1 PER CANDIDATE
		NAME, OFFICE SOUGHT, AND JURISDICTION OF CANDIDATE/ NAME, JURISDICTION, AND NUMBER OR LETTER OF BALLOT MEASURE SUPPORTED OR OPPOSED (IF DIFFERENT THAN COLUMN 2)	CHECK BOX TO INDICATE IF PAYMENT WAS RECEIVED TO SUPPORT OR OPPOSE CANDIDATE OR MEASURE INCLUDED IN SLATE MAILER SUPPORT OPPOSE		
I	Reference No:				

	SUBTOTAL	\$ 0.00
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Summary

- Amount Received - Payments of \$100 or More
(Include all Schedule A subtotals) \$ 0.00
- Amount Received - Payments of Less than \$100
(Not itemized) \$ 0.00
- Total Payments Received (Line 1 + Line 2) Enter here and in
Column A, Line 1, of the Summary of Payments section on Page 1 \$ 0.00

Schedule B Payments Made

SCHEDULE B

Statement covers period from 01/01/2017 through 12/31/2017	CALIFORNIA 1992 FORM 401
	3/3
I.D NUMBER 1399885	

SEE INSTRUCTIONS ON REVERSE

NAME OF SLATE MAILER ORGANIZATION:

DISTRICT 8 PROGRESSIVE DEMOCRATS VOTER GUIDE

NAME AND STREET ADDRESS OF PAYEE	DESCRIPTION OF PAYMENT	AMOUNT PAID
Reference No:		

Summary

	SUBTOTAL	\$ 0.00
1. Payments of \$100 or More (Include all Schedule B subtotals)	\$	0.00
2. Payments under \$100 This Period (Not itemized)	\$	0.00
3. Total Payments This Period (Line 1 + Line 2). Enter here and in Column A, Line 2, of the Summary of Payments section on Page 1.	\$	0.00